



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME (Last)		(First)	(Middle)	TELEPHONE
Lind		W. Leimamo		808-244-8625
MAILING ADDRESS (Street)				FAX
1727 Wili Pa Loop, Suite B				808-244-3094
(City)		(State)	(Zip Code)	
Wailuku		HI	96793	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
Maui Hotel & Lodging Association				808-244-8625
MAILING ADDRESS (Street)				FAX
1727 Wili Pa Loop, Suite B				808-244-3094
(City)		(State)	(Zip Code)	
Wailuku		HI	96793	

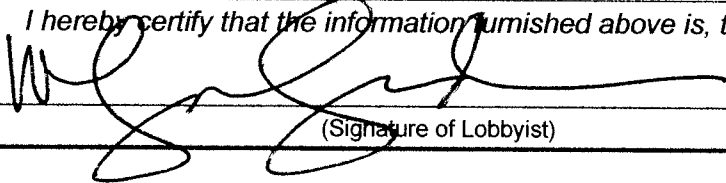
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Maui Hotel & Lodging Association			808-244-8625
MAILING ADDRESS (Street)			FAX
1727 Wili Pa Loop, Suite B			808-244-3094
(City)		(State)	(Zip Code)
Wailuku		HI	96793
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
W. Leimamo Lind			808-244-8625
MAILING ADDRESS (Street)			FAX
1727 Wili Pa Loop, Suite B			808-244-3094
(City)		(State)	(Zip Code)
Wailuku		HI	96793

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Agriculture | <input checked="" type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input checked="" type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input checked="" type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input checked="" type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input checked="" type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input checked="" type="checkbox"/> Housing | <input checked="" type="checkbox"/> Public Safety & Corrections | |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

11/9/07
(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Javier Cano	Chair, Board of Directors

NAME OF ORGANIZATION (if applicable)
Maui Hotel & Lodging Association

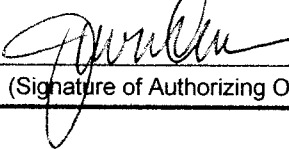
TELEPHONE
808-244-8625

MAILING ADDRESS (Street)
1727 Wili Pa Loop, Suite B

FAX
808-244-3094

(City)	(State)	(Zip Code)
Wailuku	HI	96793

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.


(Signature of Authorizing Officer or Person Represented)

11/9/07
(Date)